

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 / 518135

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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<b>TOTAL IND.</b>	1					
<b>TOTAL DEP.</b>						
<b>TOTAL CLAIMS</b>	7					

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IND.	DEP.	IND.	DEP.
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100			
<b>TOTAL IND.</b>			
<b>TOTAL DEP.</b>			
<b>TOTAL CLAIMS</b>			